MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/692824 | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1	1				55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		2	1				66						
17			1				67						
18				1			68						
19				1			69						
20				1			70						
21				1	1		71						
22				1			72						
23				1			73						
24				1			74						
25				1			75						
26				1			76						
27				1			77						
28				1			78						
29			1				79						
30				1			80						
31				1			81						
32				1			82						
33				1			83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		3				TOTAL IND.						
TOTAL DEP.	15		15				TOTAL DEP.						
TOTAL CLAIMS	16		18				TOTAL CLAIMS						

PTO-1360 (5-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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